EXHIBIT A

MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION

SITE: JCS
COMPLETED BY: Kaelynn R. Pfeil (04/18/2017 5:59 PM) 04/19/2017 4:12 PM

Patient: KOHCHISE JACKSON ID#: 445579 DOB: 02/05/1982

Off-site
Routine
EDR: 03/16/2019
3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):
MDOC

Reference #:
Date of Request: 04/18/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: General surgery consult for reversal of end colostomy

Specialty Service Requested: Surgery

Provider: MDOC contractor
Initial Visit or F/U? Initial Visit

Presumed Diagnosis:
Colostomy status v44.3

Signs & Symptoms: **Date of Onset:**
Patient is a 34 y/o with history of severe sigmoid diverticulitis complicated by enterovesical fistula while was in county jail, s/p ex-lap on 12/10/16 with resection of affected portion of sigmoid/upper rectum, bladder repair and descending colon end colostomy. He's currently doing well, having functional colostomy, denies abdominal pain or UTIs. He's ready for colostomy reversal for which this 407 is being submitted

Site Medical Provider: Mahir H. Alsalman MD 04/18/2017

(For UM use only)

Criteria Source: M & R Interqual Other
Criteria met: Yes No x Deferred

Reviewer comments: ATP: Medical necessity not demonstrated at this time. Continue to follow in on site clinic by

MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION

SITE: JCS
COMPLETED BY: Kaelynn R. Pfeil (04/18/2017 5:59 PM) 04/19/2017 4:12 PM
MSP

Recommendation for visit appointment:

 # Visits:

UM Review #:
Reviewer Name: Papendick, Keith, MD

Date Reviewed: 04/19/2017

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

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Reviewer comments:

MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION

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COMPLETED BY: Mahir H. Alsalman, MD 04/18/2017 5:59 PM

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MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT:	KOHCHISE JACKSON
DATE OF BIRTH:	02/05/1982
DATE:	04/18/2017 5:59 PM
VISIT TYPE:	Provider Visit-unscheduled

Chief Complaint/Reason for visit:

This 35 year old male presents with colostomy status.

History of Present Illness

1. Colostomy status

Patient is a 34 y/o with history of severe sigmoid diverticulitis complicated by enterovesical fistula while was in county jail, s/p ex-lap on 12/10/16 with resection of affected portion of sigmoid/upper rectum, bladder repair and descending colon end colostomy. He's currently doing well, having functional colostomy, denies abdominal pain or UTIs. He's ready for colostomy reversal

Chronic Problems

Enteritis, regional large intestine

Past Medical/Surgical History

Condition	Year	Procedure/Surgery	Year
Sigmoidectomy 2/2 diverticulitis	2016	Colostomy & bowel->bladder fistula repair	

Diagnostics History:

Test	Date Ordered	Status	Results
X-ray exam of abdomen, complete	04/07/2017	completed	
PPD 0.1 mL ID	03/23/2017	completed	0 mm

Allergies

Allergen/Ingredient	Brand	Reaction:
No Known Drug Allergies		

Review of Systems

Constitutional:

Negative for fatigue, fever and night sweats.

Respiratory:

Negative for cough, dyspnea and wheezing.

Cardiovascular:
Negative for chest pain and irregular heartbeat/palpitations.

Gastrointestinal:
Negative for abdominal pain, constipation, diarrhea and vomiting.

Comments: Colostomy in place that's functioning well.

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
04/18/2017	6:00 PM		206.6	97.3	118/66	64	18	100	

FiO2	PeakFlow	Pain Score	Comments	Measured By
				Mahir H. Alsalman, MD

Physical Exam
Constitutional: No apparent distress. Well nourished and well developed.
Respiratory: Normal to inspection. Lungs clear to auscultation and percussion.
Cardiovascular: Regular rhythm. No murmurs, gallops, or rubs.
Abdomen:
Normal abdominal muscles. Soft, nontender, no organomegaly.
Inspection has detected scar(s).
Abdominal appliances include LLQ colostomy.
There is no abdominal tenderness.
No hepatic enlargement.
No spleen enlargement.
Negative for palpable masses.

Assessment/ Plan
Colostomy status (v44.3)
- 407 for referral for general surgery is being submitted for reversal of end colostomy

Office Services

Status	ApptDate	Timeframe	Order	Reason	Interpretation	Value
ordered	05/02/2017		Chart Review/Update : FU on 407 for referral for surgery for colostomy reversal			

Instructions / Education

Status	Completed	Order	Reason
completed	04/18/2017	Patient education provided and patient voiced understanding	

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MICHIGAN DEPARTMENT OF CORRECTIONS
BUREAU OF HEALTH CARE SERVICES

INTRASYTEM TRANSFER SUMMARY- RECEIVING FACILITY

PATIENT: JACKSON, KOHCHISE , # 445579
DATE: 04/12/2017 2:17 PM
LOCATION: JCS
CURRENT USER: Deborah K. Divirgilio, LPN

Subjective
Patient has a Medical, BH, dental complaint
Currently states that he has a tempoary colostomy and is suppose to have surgery for reversal.

Patient is not currently receiving any medical, dental or mental health treatments including pending specialty care appts.
Patient is not currently on any medication including psychotropic medication.
Patient does not have current medical, dental or mental health complaint(s)/concern(s).
Patient does not have current suicide ideation.
Patient does not have a history of suicidal behavior.
Patient does not have a history of mental health treatment
Patient does not have a history of treatment for substance abuse.

Objective
Patient does not show signs of abuse/trauma
General appearance and behavior is appropriate.
No physical deformities observed.
Disabilities/accomodations were reviewed and discussed.
Patient does not have current symptoms of psychosis, depression, anxiety or aggression.
KOP meds not applicable, patient not currently on any medication.
Patient was informed orally and in writing how to access health services and the grievance system.

Assessment Inmate Transfer Review

Plan
Follow up is needed.
Patient is cleared to General Housing.
Refer for Follow-up:

Disposition	Timeframe	Scheduled With
MP RNR : New ride in with questions about his colostomy reversal.	04/14/2017	Mid Level

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Cardiovascular:
Negative for chest pain and irregular heartbeat/palpitations.

Gastrointestinal:
Comments: Reporting resolution of skin discomfort at stoma.
Reports "pain inside" stoma.
Genitourinary:
Negative for dysuria and hematuria.

Neuro/Psychiatric:
Negative for gait disturbance.
Negative for psychiatric symptoms.

Dermatologic:
Negative for pruritus and rash.

Musculoskeletal:
Negative for bone/joint symptoms and muscle weakness.

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
04/07/2017	10:36 AM	71.0	204.0	97.3	127/68	62	15		

FiO2	PeakFlow	Pain Score	Comments	Measured By
				Rachel C. Tanner, CENA

Physical Exam
Constitutional:
No acute distress. Well developed.
Respiratory:
Chest can be described as symmetric. Lungs clear to auscultation. There is no cough. Respiratory effort is normal.
Cardiovascular:
Heart Sounds: NL S1, NL S2.
Rate and Rhythm: Heart rate is regular rate.
See also extremities. No edema is present.
Abdomen:
Abdomen is not obese.
Bowel sounds present, no bruits. Soft, nontender, no organomegaly.
Abdominal appliances include left colostomy.
There is no guarding. There is no rebound.
Comments: Conferred w/ other MSP.
Stoma deep pink & functioning w/ soft light brown stool & no evidence of melena or hematochezia.
Cont's to verbalize that 'ostomy was to be temporary & reversed. No medical NECESSITY per outside documentation or from

conversation w/ surgeon's office (Dr. Kansakar).

Rectum:

Comments: Discussed importance of complete PE, including a DRE, but was declined per pt.

Rectal Exam Declined.

Back / Spine: The back is non-tender.

Musculoskeletal: Normal musculature; no skeletal tenderness or joint deformity.

Extremities:

No edema is present.

Neurological: Alert and oriented. Cranial nerves intact. No motor or sensory deficits.

Assessment/ Plan

Routine medical examination (v70.0)

Enteritis, regional large intestine (555.1), Good.

Colostomy status (v44.3), Good.

Plan comments: Medical clearance to 900 site.

Reviewed and signed CHJ 631 & CHJ 225 and copies given to patient. Also, reviewed syphilis & TB statuses and other available test results with patient.

MP follow-up PRN.

Patient to kite healthcare PRN.

Accommodations/details reviewed.

Educated patient on importance of healthy weight, regular exercise, healthy diet, and avoidance of high risk behaviors.

Office Services

Instructions / Education

Status	Completed	Order	Reason
completed	04/07/2017	Patient education provided and patient voiced understanding	
completed	04/07/2017	Reviewed diagnostic study results with patient	

To be scheduled/ordered

Status	Order	Reason	Assessment	Timeframe	Appointment
completed 04/07/2017		X-ray exam of abdomen, complete			Pain, post-colostomy

Lab Studies

Status	Lab Code	Lab Study	Timeframe	Date	Comments
ordered	CBC2	CBC with Differential, Platelets		04/17/2017	
ordered	FERI	FERRITIN		04/17/2017	
ordered	FOL	FOLATE		04/17/2017	
ordered	RETIC	RETICULOCYTES		04/17/2017	
ordered	VB12	VITAMIN B 12		04/17/2017	

Document generated by: Ronald E. Drinkert, NP 04/07/2017 2:47 PM

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT:	KOHCHISE JACKSON
DATE OF BIRTH:	02/05/1982
DATE:	03/29/2017 10:52 AM
INMATE ID:	445579

Mental Health Services Referral

TO: Mental Health Services

FROM: Ronald E. Drinkert, NP

DATE: 03/29/2017

R easoning
O rientation
B ehavior
E motion
R ecall/Memory
T alk
A ppearance
R elationships

Reason for Referral:

35 year old man, who had a colostomy placed 12/2016 for complications of a chronic GI issue.
Verbalizing concerns re: body image r/t the colostomy and desire to have procedure reversed.
Alert and oriented w/o overt cognitive or thought deficits.
Mildly anxious and fixated on reported miscommunication in county jail that pt. perceives as hindering procedure reversal. Verbalized a number of times at encounter in an almost pleading way to have surgeon contacted, but was not tearful or threatening.
Stated "I am only 35 years old and I cannot have this my whole life" referring to colostomy.
Appropriately groomed and dressed.
Did not talk about outside support system.

No urgent medical issues were reported from the surgeon's office and the colostomy is functional. It is not likely that the colostomy will be reversed in the MDOC.

Desired Action:

Evaluate for current level of coping ability and possible need for supportive mental health care r/t body image and other possible issues.

Response Date: 03/29/2017

Response: